

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10811830**
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | | 2 | | | | |
| 24 | | 2 | | | | |
| 25 | | 2 | | | | |
| 26 | | 2 | | | | |
| 27 | | 2 | | | | |
| 28 | | 2 | | | | |
| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | | 6 | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | | 9 | | | | |
| 40 | | 9 | | | | |
| 41 | | 9 | | | | |
| 42 | | 9 | | | | |
| 43 | | 9 | | | | |
| 44 | | 9 | | | | |
| 45 | | 9 | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 11 | | | | | |
| TOTAL DEP. | 81 | | | | | |
| TOTAL CLAIMS | 92 | | | | | |

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 51 | | | | | | |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |